DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	CORRECTED	FORM APPROVED OMB NO. 0938-0193	
THERETH OATE A WARRING TO THE TENER OF THE T		. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 3 - 0 8	OKLAHOMA	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	l l	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	· 04-01-03 10-1-02 *		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		dment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ 4,287,114	
42 CFR 447 Subpart B		4,227	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable):	ED PLAN SECTION	
Attachment 4.19-B, Page 3a	None, New Page		
10. SUBJECT OF AMENDMENT: Adding payment methodology for State employed	l physicians		
11. GOVERNOR'S REVIEW (Check One):			
▼ GOVERNOR'S OFFICE REPORTED NO COMMENT □ OTHER, AS SPECIFIED:			
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
13. TYPED NAME:	Oklahoma Health Care Authority		
Mike Fogarty	Attn: Jim Hancock		
14. TITLE:	The state of the s	4545 N. Lincoln, Suite 124	
Chief Executive Officer	Oklahoma City, OK 73105		
15. DATE SUBMITTED: November 18, 2003			
	FICE USE ONLY		
17. DATE RECEIVED:	18, DATE APPROVED:		
1 30 JUNE 2003	30 DECEMBER 2003 DNE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:		
2 OCTOBER 2002	alandil		
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADDIV OF MEDICAID & CHI		
23. REMARKS: ALIAGNY MASSIAG	Annual in the second se		
c: Mike Fogarty			
Jim Hancock			
* Per do instructions 12/17/03.			
TER DO INSTRUCTION /11/03.			

State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Payment for physicians' services (includes medical and remedial care and services) [cont.]

Services Provided by Oklahoma Universities Affiliated Physicians who are State Employees

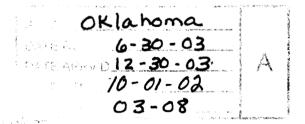
With regard to the Agency fee schedule on Attachment 4.19-B, Page 3, a different conversion factor will be used for physicians employed by the University of Oklahoma and Oklahoma State University.

The established RVU will be used and the CF amount will result in a payment amount equal to 140% of the Medicare allowable.

3. Exceptions

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule and when provided in a physician's place of service, Medicaid payment will not exceed the maximum allowable Medicare payment.

Payment for physician's services for dually eligible (Medicare/Medicaid) patients will be in accordance with Supplement 1 to Attachment 4.19-B, page 3.



Revised 04-01-03

TN# 03 - 08 Approval Date 12 - 30 - 03 Effective Date 10 - 1 - 02 _ Supersedes TN#